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ABSTRACT

This bulletin examines aftercare services that provide youth with comprehensive health, education, family, and vocational services upon their release from the juvenile justice system. Aftercare can be defined as reintegrative services that prepare out-of-home placed juveniles for reentry into the community by reestablishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision. This bulletin describes how aftercare can address some of the problems that exist in the juvenile justice system. It also reviews relevant research, examines aftercare as is relates to system change, and identifies promising aftercare programs. (Contains 26 references and 2 tables.) (GCP)

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Aftercare Services

Juvenile Justice Practices Series

September 2003

Steve V. Gies

U.S. Department of Justice
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Office of Justice Programs
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OJJDP
J. Robert Flores, Administrator
Juvenile Justice Practices Series
JUVENILE JUSTICE BULLETIN

Aftercare Services

Steve V. Gies

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is launching a Juvenile Justice Practices Series to provide the field with updated research, promising practices, and tools for a variety of juvenile justice areas. These Bulletins are expected to be important resources for a large number of youth-serving professionals involved in developing and adopting juvenile justice policies and programs, regardless of their funding sources.

This first Bulletin in the series examines aftercare services that provide youth with comprehensive health, mental health, education, family, and vocational services upon their release from the juvenile justice system.

Aftercare can be defined as reintegrative services that prepare out-of-home placed juveniles for reentry into the community by establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision (Altschuler and Armstrong, 2001). The term "aftercare," however, is something of a misnomer—the process does not begin only after an offender is released. Instead, a comprehensive aftercare process typically begins after sentencing and continues through incarceration and an offender's release into the community. Effective aftercare requires a seamless set of systems across formal and informal social control networks. It also requires a continuum of community services to prevent the recurrence of antisocial behavior, and it can involve public-private partnerships to expand the overall capacity of youth services.

Two key components of the aftercare concept distinguish it from the traditional juvenile justice model. First, offenders must receive both services and supervision. (Offenders in the traditional juvenile justice system are generally sentenced to some type of supervision and are sometimes provided with services.) Second, they must receive intensive intervention while they are incarcerated, during their transition to the community, and when they are under community supervision. This second component refines the concept of reintegrative services to include services that occur before release as well as after release.

This Bulletin describes how aftercare can address some of the problems that exist in the juvenile justice system. It also reviews relevant research, examines aftercare as it relates to system change, and identifies promising aftercare programs.

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The Need for Aftercare

Although deterring juveniles from entering the juvenile justice system through prevention activities (such as diminishing risk factors and promoting protective factors) is preferable to punishing them, some juveniles will commit crimes, and some of those juveniles will commit serious and violent crimes for which they will be sentenced to out-of-home placement. The number of adjudicated cases resulting in out-of-home placement has increased in recent years, rising 51 percent nationally from 105,600 in 1987 to 159,400 in 1996 (MacKenzie, 1999). Most juveniles placed out of home will one day reenter the community. Thus, the juvenile justice system must address an important question: What should be done to prevent the recurrence of antisocial behavior when youthful offenders are released from out-of-home placement?

Most juvenile justice systems rely heavily on the use of restrictive out-of-home placement as a sanction for delinquent behavior. However, relying heavily on this restrictive activity has several negative consequences for a juvenile justice system. First, out-of-home placement is exceedingly expensive. Second, it increases the number of juveniles in institutions, which are already dangerously overcrowded. Third, it does little to correct delinquent behavior. Because youth are often released to disorganized communities, where it is easy to slip back into the habits that resulted in arrest in the first place, any gains made by juvenile offenders in correctional facilities may quickly evaporate following their release (Deschenes and Greenwood, 1998). In fact, a large percentage of serious juvenile offenders continues to commit crimes and reappear in the juvenile justice system (Krisberg, 1997). Although determining a specific figure is difficult, researchers estimate that the recidivism rate[1] for untreated serious juvenile offenders is about 50 percent (Lipsey, 1999).[2]

The ineffectiveness of restrictive practices has prompted juvenile justice practitioners and researchers to explore innovative, research-based programs that help recently released juveniles reenter the community. Researchers have hypothesized that providing transitional and reintegrative supervision and services to youthful offenders would reduce the high rate of recidivism among parolees. In turn, a reduction in recidivism would reduce overcrowding and the expenses associated with out-of-home placement. This hypothesis has helped to produce the concept of a comprehensive aftercare system.

The Research

A comprehensive aftercare model integrates two distinct fields of criminological research: intervention research and community restraint research. Intervention strategies focus on changing individual behavior to prevent delinquency. Community restraint strategies prevent criminal activities

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[1] Few studies have examined juvenile recidivism. Most state juvenile corrections agencies do not routinely collect these data. Moreover, there is no consensus on how to measure juvenile recidivism. Studies that have examined juvenile recidivism employ a number of different indicators, including (1) the proportion of youth who do not engage in criminal activity during a specified period of time, (2) the incidence or frequency of reoffending before and after intervention, and (3) the severity of crimes committed before and after intervention.

[2] Lipsey determined this figure by examining the effects of interventions on recidivism (i.e., police contact or arrest) using meta-analytic techniques on 200 separate studies. An effect index was computed as the mean difference between the treatment and control groups divided by the pooled standard deviation. The overall mean recidivism value for treated juveniles was .12 standard deviation units lower than for the control group. This effect index can be interpreted to mean that the recidivism rate was lower for juveniles receiving intervention than for those in the untreated control group. In other words, a mean effect size of .12 is equivalent to the difference between a 44-percent recidivism rate for treated juveniles and a 50-percent recidivism rate for the untreated control group.

by reducing an offender's capacity and opportunity to commit crimes. The following sections summarize major findings in each of these areas of research as it relates to aftercare.

Intervention

When applied to an aftercare model, intervention strategies (e.g., counseling, behavioral programs, restitution, probation, employment, vocational and academic programs) seek to prevent delinquency by changing individual behavior. Despite early skepticism regarding intervention programs, recent literature reviews and meta-analyses demonstrate that intervention programs can effectively reduce delinquency (Lipsey, 2000; Lipsey, 1992; Andrews et al., 1990). In fact, Sherman and colleagues report that the "important issue is not whether something works but what works for whom" (Sherman et al., 1997).

A variety of intervention strategies work for juvenile offenders, and successful treatment approaches often have common characteristics (Andrews et al., 1990; Sherman et al., 1997). Some of these characteristics are described below.

Targeting specific dynamic and criminogenic characteristics. Although numerous risk factors are criminogenic—associated with criminal activity—some, such as age, gender, and early criminal behavior, are static—that is, they cannot be changed in treatment. To be effective, rehabilitative efforts must focus on factors that are both dynamic—amenable to change—and criminogenic. Research indicates that dynamic criminological factors include attitudes, cognitions, behavior regarding employment, education, peers, authority, substance abuse, and interpersonal relationships that are directly related to an individual's criminal behavior (Sherman et al., 1997).

Implementing a plan that is strictly adhered to by trained personnel. Programs must have therapeutic integrity—that is, they must be delivered according to a specific plan and design. Research indicates that incomplete or poorly implemented programs delivered by untrained personnel to offenders who spend only a minimal amount of time in the program will not successfully reduce recidivism (Altschuler, Armstrong, and MacKenzie, 1999; Sherman et al., 1997). Systemic barriers to implementing intervention programs include (1) unstable operating environments, (2) competing agency priorities, (3) crowded facilities and aggressive diversion practices, (4) poor staff selection and training, (5) staff turnover and vacancies, and (6) poor access to services because of inadequate transportation or a long distance between the community and the institution (Weibush, McNulty, and Le, 2000).

Requiring staff and offenders to make frequent contact. Frequent and quality interaction between service providers and offenders is essential for effective treatment. Moreover, programs of longer duration are more successful than programs of shorter duration, regardless of the number of individual treatment sessions. The most effective treatment programs provide larger amounts of meaningful contact with offenders over a longer treatment period (Lipsey, 1992).

Using cognitive and behavioral treatments. Lipsey (1992) examined more than 400 program evaluations in one of the most extensive meta-analyses[3] of juvenile delinquency programs. He found that the most effective intervention programs used structured, focused treatment based on behavioral, skills-oriented, and multimodel methods rather than less structured, less focused

[3] Research on individual intervention programs often lacks sufficient statistical power (i.e., sample size) to detect a significant positive effect. Therefore, researchers use the aggregating power of meta-analyses to study intervention programs.

approaches (e.g., counseling). Moreover, evidence indicates greater reductions in recidivism if treatment is provided in community settings rather than in institutions (Andrews et al., 1990; Lipsey, 1992, 2000). In a meta-analysis of the most serious juvenile offenders, Lipsey, Wilson, and Cothern (2000) found that the best programs for institutionalized youth reduced recidivism by 30–35 percent, whereas the best programs for noninstitutionalized youth reduced recidivism by about 40 percent.[4] The most effective treatments for institutionalized offenders were interpersonal skills programs and family-style group homes. The most effective treatments for noninstitutionalized offenders were individual counseling, interpersonal skills programs, and behavioral programs. The least effective treatment types were wilderness/challenge, early release, probation/parole, deterrence, and vocational (noninstitutionalized) and milieu (institutionalized) therapy.

Targeting offenders with the highest risk of recidivism. According to Andrews and colleagues, treatment for delinquent behavior is most effective when it is provided to juveniles with the highest risk of recidivism (Andrews et al., 1990). Programs that target low-risk offenders show little reduction in recidivism because few of those offenders tend to repeat delinquent behavior. In a review of 200 studies, Lipsey and colleagues found that the average intervention effect for programs directed at serious offenders "was positive, statistically significant, and equivalent to a recidivism reduction of about 6 percentage points from a 50 percent baseline, but variation across studies was considerable" (Lipsey, Wilson, and Cothern, 2000:4).

Community Restraint

Community restraint refers to the surveillance and control of offenders who are enrolled in alternative or intermediate sanction programs. Community restraint activities include contact with parole officers or other correctional personnel, urine testing for the use of illegal substances, electronic monitoring, employment verification, intensive supervision, house arrest, and residence in halfway houses. Theoretically, increasing the surveillance of offenders "will prevent criminal activities by reducing both their capacity and their opportunity to commit crimes. Additionally, it is expected that the punitive nature of the sanctions will act as specific deterrence to reduce the offender's future criminal activity" (Sherman et al., 1997:485).

Research shows that community restraint is more promising when surveillance is combined with treatment. For example, Land and colleagues (1990) examined the North Carolina Court Counselors Intensive Protective Supervision Project, in which juvenile offenders (mostly status offenders) received both surveillance and treatment. Using a random assignment research design, researchers found that youth with no prior offenses had fewer new delinquent offenses than the control group (i.e., no treatment, no surveillance). Researchers also found that youth with prior delinquent offenses had more delinquent offenses. In another study, Sontheimer and Goodstein (1993) examined an intensive aftercare program for serious juvenile offenders in Pennsylvania in which the experimental group received both community restraint and services. Using a random assignment research design, the evaluation found that the experimental group had significantly fewer rearrests and a lower mean number of rearrests compared with the control group (i.e., no treatment, no surveillance). Although the research indicates that community restraint alone does not effectively reduce recidivism, evidence suggests that combining community restraint and treatment may effectively reduce juvenile recidivism. Unfortunately, these studies have a methodological flaw that makes interpreting the

[4] Using control group results from available studies, the researchers estimated that the recidivism rate for both institutionalized and noninstitutionalized juveniles would be approximately 50 percent without treatment.

results difficult. Because the main objective of these programs is restraint, the research designs focus on restraint without paying much attention to treatment. As a result, the research cannot separate the effects of restraint from the effects of treatment.

It should also be noted that community restraint programs do not seem to lead to more arrests, at least for high-risk offenders; moreover, they may be significantly less costly than incarceration while maintaining the same level of public safety. For example, in an evaluation of the Nokomis Challenge Program in Michigan, Deschenes and Greenwood (1998) found that after 2 years, there was little difference between youth who participated in the program and youth in the control group. However, the cost of placing youth in a state training school or private facility was roughly $83,400 for a 2-year period, and the cost of placing youth in the Challenge program was approximately $60,500—a savings of more than $10,000 a year.

Aftercare and System Change

The aftercare concept is more than just a new program. It is a new way of approaching offender reintegration, and it generally requires changes in a state's existing juvenile justice system. The current juvenile justice system compartmentalizes the steps in the juvenile justice process and creates competing agendas that overlook what should be a shared goal—the prevention of juvenile reoffending. For instance, correctional institutions can prepare offenders for release, but their authority is generally limited to what happens within the institution, and they are typically less concerned about what happens in the community. On the other hand, parole supervision agencies influence offender supervision and service provision in the community, but they have little input into what occurs in correctional institutions. For a comprehensive aftercare system to work, the components of the juvenile justice system must transcend traditional organizational boundaries. The court, corrections, parole, law enforcement, education, social services, and prosecution must work together. Two of the most important strategies in transcending these boundaries include building program support and developing interagency collaboration.

Building Program Support

The first step toward developing an aftercare model is to build program support at the leadership and staff levels. This process for building community support is evident in the Intensive Aftercare Program (IAP) in Colorado, Nevada, and Virginia (see below). Each of these states has developed community support by garnering the cooperation of high-level decisionmakers from relevant agencies, managers of various operational units, supervisors, and line staff. The sites used several mechanisms to gain support, but the most important factor was their decision to include many people in the planning and development stages of the program (Weibush, McNulty, and Le, 2000).

Developing Interagency Collaboration

Equally important to effective system change is developing interagency collaboration. Interagency collaboration is a key strategy because it reconnects fragmented human services organizations to create an efficient system that addresses the multiple needs of incarcerated youth. Its partnerships form durable and pervasive relationships that are characterized by mutual benefits, interdependence, and a formal commitment to working together for specific purposes and outcomes (Walter and Petr, 2000). An effective collaborative effort involves multiple agencies (both public and private) that work to provide integrated services and supervision to juvenile offenders from their entrance into the juvenile justice system, through confinement, and into their release. "For example, corrections agencies would create linkages between in-prison job training and community-based employment and job training and between in-prison healthcare and community-based health care" (Travis and

Petersilia, 2001:308). In other words, by creating an institutional support system that mirrors the support system that offenders will have in the community, a comprehensive aftercare system prepares offenders for their release and gives them the tools they need to succeed.

The implementation of IAP in Colorado and Virginia provides a useful illustration of how to develop successful collaborative partnerships. By creating a multiagency service provider network of both residential and nonresidential programs, Colorado developed an expansive public-private partnership that provides a full range of services. Similarly, Virginia maximizes the number and types of services made available to IAP youth by creating and sustaining relationships with key community organizations, accessing several different funding sources, and using resources that previously may not have served the juvenile parole population (Weibush, McNulty, and Le, 2000).

Promising Aftercare Programs

Over the years, several experimental comprehensive aftercare programs have been created. The most prominent of these include the Philadelphia Intensive Probation Aftercare Program, the Juvenile Aftercare in Maryland Drug Treatment Program, the Skillman Intensive Aftercare Project, and the Michigan Nokomis Challenge Program. Evaluations of these programs have produced mixed results,[5] mostly because of poor program design and implementation rather than a faulty concept. For example, some programs targeted individuals who were a low recidivism risk. Other programs lasted only a short time or, in the case of physical challenge programs (i.e., programs that emphasize rigorous outdoor activities), focused on noncriminogenic factors and lacked a sufficient treatment component.

Lessons learned from these early programs have fueled the evolution of a comprehensive aftercare philosophy. Today, several promising programs combine intervention with community restraint to form an aftercare design that prepares juveniles for reentry into the community. These programs vary slightly in origin, design, and approach, but all share the aftercare concept (i.e., incarceration that includes a major focus on structured transition and a followup period characterized by surveillance and the provision of community services).

The Intensive Aftercare Program Model

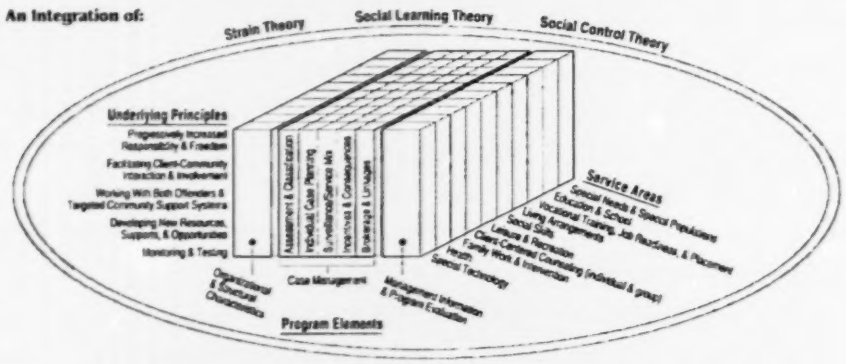
IAP is an intensive community-based research and demonstration initiative supported by OJJDP. The IAP model seeks to reduce recidivism among high-risk parolees by better preparing them for release into the community. IAP is based on data-driven research (described above) that shows that a highly structured and enhanced transition from confinement to the community would benefit parolees in areas such as family and peer relations, education, jobs, substance abuse, mental health, and recidivism without negatively affecting the community.

The Altschuler and Armstrong aftercare model (see figure) integrates the criminological theories of strain, social learning, and social control to explain serious chronic delinquency. Altschuler and Armstrong postulate that "serious, chronic delinquency is related to: (1) weak controls produced by inadequate socialization, social disorganization, and strain, (2) strain, which can have a direct effect on delinquency independent of weak controls and which is also produced by social disorganization, and (3) peer group influences that intervene as a social force between a youth with weak bonds and/or strain on the one hand and delinquent behavior on the other" (Altschuler and Armstrong, 1994:3).

[5] See Sontheimer and Goodstein, 1993; Sealock, Gottfredson, and Gallagher, 1997; Greenwood, Deschenes, and Adams, 1993; Deschenes, Greenwood, and Marshall, 1996; and Deschenes and Greenwood, 1998.

Moreover, they argue that effective intervention requires intensive supervision and services—both after release and during reintegration and incarceration. They also advocate a highly structured and gradual transition process that links institutionalization and aftercare. Consequently, Altschuler and Armstrong argue that the IAP model should be thought of "as a correctional continuum consisting of three distinct, yet overlapping, segments: (1) pre-release and preparatory planning during incarceration; (2) structured transition that requires the participation of institutional and aftercare staff prior to and following community reentry; and (3) long-term, reintegrative activities that ensure adequate service delivery and the necessary level of social control" (Altschuler and Armstrong, 1996:15).

Intervention Model for Juvenile Intensive Aftercare



Source. Altschuler, Armstrong, and MacKenzie, 1999

The central component of the IAP model is its overarching case management system. It is the mechanism that "achieves coordinated planning and continuous, consistent service provision, referral, and monitoring of juvenile offenders who have been committed to secure confinement and who will need to be transitioned to aftercare status in the community" (Altschuler and Armstrong, 1994:7). The five elements of the case management system provide explicit guidance for successful transition and aftercare. These elements are described below.

Risk assessment and classification. To maximize its potential for crime reduction, IAP focuses on high-risk offenders. Jurisdictions intent on implementing the IAP model need to use a validated risk-screening instrument to accurately identify high-risk youth.

Individualized case planning that incorporates family and community perspectives. This component specifies the need for institutional and aftercare staff to jointly identify the treatment and service needs of an offender shortly after commitment and to plan how those needs will be addressed during incarceration, transition, and community aftercare. The component requires addressing the problems of youth in relation to their families, peers, schools, and other social networks.

A mix of intensive surveillance and services. Although the IAP model offers close supervision and control of high-risk offenders in the community, it also emphasizes the need for intensive services and treatment. This dual approach requires both a sufficient number of qualified staff to keep caseloads small and funds to support the provision of services. Ideally, IAP services parallel those that are initiated in institutional care.

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A balance of graduated incentives and consequences. The IAP model requires the use of sanctions to punish inappropriate behavior or program infractions and rewards to encourage compliance and mark progress. Because intensive supervision programs are intrusive, numerous technical violations (e.g., curfew violations) are likely to occur. Instead of relying on a one-size-fits-all solution, the IAP model requires a range of graduated sanctions that are directly and proportionately tied to the seriousness of the violation. A number of approaches have been employed to monitor progress, reinforce prosocial conduct, and guide program advancement. Approaches range from relatively simple mechanisms, such as those involving frequent case reviews incorporating peers and family, to elaborately structured token economies[6] in which particular privileges and rewards are tied directly to meeting specific goals and objectives (Altschuler and Armstrong, 2001).

Links with community resources and social networks. To meet the broad range and depth of services required for high-risk, high-need parolees, the IAP model creates alliances and partnerships among a host of departments, agencies, and organizations. Because interventions focus on family, school, peer, and community issues, case managers and service agencies need to create strong working relationships among these social networks. Successfully achieving this goal will often directly affect the outcome of a program.

The IAP model has been implemented in three[7] demonstration sites: Colorado, Nevada, and Virginia. The sites have the same basic eligibility criteria. To be eligible, youth must—

Be male.

Have been committed to the custody of the state juvenile corrections agency.

Live in a selected county or counties.

Be placed at a specified juvenile correctional facility.

Be at high risk of reoffending (based on the results of a site-specific risk assessment instrument).[8]

Youth who meet all of the eligibility criteria are placed in the IAP-eligible pool and randomly assigned to either IAP or the control group by the National Council on Crime and Delinquency (NCCD). Details of program eligibility and selection are found in table 1.

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[6] Token economies are part of a reinforcement system that provides token awards to motivate individuals to modify behavior.

[7] Participation in the IAP demonstration by a fourth site (Essex and Camden Counties, NJ) ended in 1997. After a promising first year of implementation, program development stalled and the project could not be reinvigorated. The New Jersey site ceased participation in December 1997.

[8] With outside technical assistance, IAP sites developed risk measurement tools using a cohort of juveniles released to parole in the early 1990s and outcome measures that included data on any new arrest or revocation within a 1-year period after release. The youth identified as "high risk" on each of the scales had recidivism rates of 60 to 70 percent, depending on the site. In Colorado, for example, the recidivism rate among high-risk youth was 68 percent, whereas it was 41 percent for medium-risk youth and 22 percent for low-risk youth.

Table 1: IAP Eligibility and Selection

Eligibility Criteria	IAP Site		
	Colorado	Nevada	Virginia
Legal status	Committed	Committed	Committed
County of residence	Denver, Arapahoe, Jefferson	Clark (Las Vegas)	City of Norfolk
Facility placement	Lookout Mountain	Caliente	Beaumont Hanover (since 3/97)
Risk of reoffending	High risk	High risk	High risk
Gender	Males	Males	Males
Age	12–18	12–18	13–18 (16–18 prior to 3/97)
Excluded offenses	None	Sex offenses	Murder, rape, arson (with determinant commitment to age 21)
Excluded conditions	Severe mental health problems; developmental disabilities.	Severe mental health or medical problems.	Pending charges or sentence in adult court; potential rescinded commitment; severe mental health or substance abuse problems; prior IAP.
Location and timing of selection	At separate diagnostic facility; after completion of 30-day assessment and classification process and facility placement decision.	While in local detention; prior to assessment and classification process. (IAP selection determines facility placement.)	At separate diagnostic facility; after 60-day assessment/ classification process and facility placement decision.
Number of youth, randomized to 11/30/98			
IAP	82	104	76
Control	68	108	45
Total	150	212	121

Inclusion in the demonstration program required the use of the IAP intervention framework, program principles, and program elements, which served as the foundation for local program designs. However, to create the best fit between the model's parameters and the local context, each site had a great deal of flexibility in developing a specific design. As a result, the sites share key IAP features, but they also incorporate individual program characteristics (Weibush, McNulty, and Le, 2000). Details of the three programs are summarized below, as is the status of the IAP evaluation.

Colorado Intensive Aftercare Program. The Colorado project, which is operated by the Colorado Division of Youth Corrections (DYC), serves the Denver metropolitan area, including parts of Arapahoe, Denver, and Jefferson Counties. In addition to being assessed with the standard battery of educational and psychological instruments used to develop individualized case plans, IAP participants are evaluated with enhanced assessment techniques (e.g., Youth Offender Level of Service Inventory and the Adolescent Living Independently Via Education and Employment). One of the key components of the Colorado program is its continuity of service delivery. During the institutional phase, community-based providers begin weekly services that continue through aftercare. The Colorado program provides vocational skills training, individual counseling, parent orientation, experiential learning activities, and anger management and survival skills groups. Moreover, family members of IAP youth are involved in multifamily counseling groups. Sixty days prior to release, IAP youth begin a series of stepdown measures, including supervised trips to the community and, 30 days before release, overnight or weekend trips home. Upon release, IAP youth continue to receive services and are subject to various surveillance provisions. For example, most program youth go through several months of day treatment programming that provides a high level of structure during the day.

The Colorado program also requires frequent (once per week) contact with the supervision team. Other monitoring or surveillance-oriented activities include curfews and random urinalysis. IAP youth have access to a comprehensive provider network that involves 25 different agencies offering a full range of services. Funding for these services is provided through a combination of DYC contractual dollars, IAP funding, and an additional pool of state subsidy money.

For additional information on the Colorado Intensive Aftercare Program, contact:

David Bennett
Division of Youth Corrections
4111 South Julian Way
Denver, CO 80236
303–866–7931
303–866–7930 (fax)
www.cdhs.state.co.us/dyc/about.htm

Nevada Intensive Aftercare Program. The Nevada IAP project, which is located in Clark County (Las Vegas), is administered by the Nevada Youth Parole Bureau. After youth are selected through a screening process and randomly assigned to the IAP program, they are sent to the Nevada Youth Training Center for an initial 3-week assessment. Then the youth are transferred to the Caliente Youth Center, where they are exposed to a special prerelease curriculum (including Jettstream and Rational Recovery) that focuses primarily on life skills. Afterwards, the youth begin an initial 30 days of "furlough" release that involves service provision, intensive supervision, day programming, frequent drug testing, and evening and weekend surveillance. As with the Virginia program (see below), after offenders successfully complete the furlough, their IAP transition continues through phased levels of supervision. During the first 3 months, three contacts per week with the case manager or field agent are required. This level of supervision is reduced to two contacts per week for the next 2 months and then reduced again to once per week during the last month of parole. Other monitoring and surveillance-oriented activities include curfews and random urinalysis, house arrest, and electronic monitoring. Compared with the Colorado and Virginia sites, Nevada struggled to create community links and provide brokered services to the IAP youth. Ultimately, Nevada contracted with a day treatment provider to offer core services such as life skills training, tutoring, anger management, and a continuation of the Jettstream and Rational Recovery classes.

For additional information on the Nevada Intensive Aftercare program, contact:

Bruce Kennedy
Nevada Youth Parole Bureau
620 Belrose Street, Suite E
Las Vegas, NV 89158
702–486–5080
702–486–5087 (fax)
http://dcfs.state.nv.us/page22.html

Virginia Intensive Parole Program. The Virginia IAP project, the Intensive Parole Program (IPP), is located in the city of Norfolk and operated by the Virginia Department of Juvenile Justice. Participants are identified through an intensive aftercare risk assessment instrument. IPP differs from the other two IAP sites in that its central feature is the use of group home placement, which serves as a bridge between the institution and the community. Youth stay at the group home for 30 to 60 days

following incarceration. The programs and services they receive center around a life skills program and are initiated shortly after their placement in the group home. Other activities and services include a vocational assessment and individual counseling. In addition, parents of IAP youth participate in counseling groups run by the service providers and receive other community services. Virginia uses a formal stepdown system to gradually ease the intensity of parole supervision. In the 2 months following a youth s release from the group home, IAP staff are required to contact him five to seven times per week. This contact is reduced to three to five times per week during the next 2 months and is reduced again to three times per week during the final 30 days in the program. Other surveillance-oriented activities include curfews and random urinalysis, house arrest, electronic monitoring, random paging, and monthly court reviews. Virginia also offers a variety of services to IAP youth upon their release. Approximately 15 different public and private community-based organizations provide services that include alternative education, a specialized public school reentry class, vocational programs, mental health and family preservation services, and substance abuse treatment and relapse prevention programs. Access to these services is enhanced by the availability of flexible funds, including IAP grant money and a $2 million state subsidy. In addition to these brokered services, parole staff provide counseling for life skills and substance abuse and offer access to participation in youth and parent groups.

For additional information on the Virginia Intensive Parole program, contact:

Scott Reiner
Department of Juvenile Justice
700 East Franklin Street, Fourth Floor
Richmond, VA 23218
804–371–0720
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IAP evaluation. Although an outcome evaluation of the IAP model is currently being conducted, the process evaluation reveals that the implemented programs have been relatively successful. Weibush, McNulty, and Le (2000) found that the IAP demonstrations in Colorado, Nevada, and Virginia largely reflect their program designs and the intent of the IAP model and have resulted in supervision and services for IAP youth that are quite different from those received by traditional parolees. The sites have generated internal and external support for the program; identified and selected the high-risk, high-need youth intended by the model; and, using a team approach, served these youth through small, IAP-only caseloads. By developing a host of mechanisms that facilitate the transition between institution and aftercare, the projects also have responded successfully to the central feature of the IAP model. These mechanisms include early parole planning, routine institutional visits by aftercare case managers, and stepdown structures and procedures to facilitate community reentry. By focusing on transition-related activities, these programs have dramatically improved the level of coordination and communication between institutional and aftercare staff. The programs have also facilitated youth involvement in community services almost immediately after institutional release.

The next step in the implementation process is to complete the outcome evaluation, which will determine how well the IAP program affects participating youth by comparing them with youth enrolled in traditional institutional and aftercare models. Data will be collected on the characteristics of the youth, the extent and nature of supervision and services provided, and intermediate and long-range outcomes. The analysis will use an experimental design (a 1-year postrelease followup period and multiple measures of reoffending behavior) to examine recidivism among the IAP youth and control groups. A series of standardized pretests and posttests also will be used to assess intermediate

outcomes in selected areas of youth and family functioning. The tests will provide evidence to suggest "whether a well-conceived and strongly implemented IAP model will have the desired effect of reducing recidivism and recommitments among high-risk parolees" (Weibush, McNulty, and Le, 2000:17).

The Thomas O'Farrell Youth Center

The Thomas O'Farrell Youth Center (TOYC) is an unlocked, staff-secure, residential program located in Woodstock, MD, outside of Baltimore, and operated by the North American Family Institute under contract with the Maryland Department of Juvenile Justice. The TOYC program includes a residential treatment program for male youth ages 13–18 who have been committed to the Maryland Department of Juvenile Services. On average, these youth spend 8 months in the residential phase of the program, followed by 9 months in the specialized aftercare component. The aftercare component, which actually begins immediately after admission, is designed to help youth make the transition from residential care to the community. The typical TOYC resident is a chronic and serious property offender. The center is not specifically equipped to handle sex offenders or arsonists.

Because youth entering the program often have delinquent or antisocial norms that guide their behavior, the center uses a normative therapy treatment model to help residents develop positive social norms. Through the use of group activities, the normative model diverts youth away from antisocial norms and emphasizes healthy values. This evolutionary process typically involves three stages of normative change, which are described below.

Active persuasion. To foster positive community norms, staff and resident peer groups actively persuade residents to accept a change in their concepts, beliefs, and behaviors.

Cognitive dissonance. Psychological research suggests that individuals who experience a change in their normative values develop emotional conflict as the gap widens between old and new beliefs. This psychological tension is known as cognitive dissonance. The TOYC program strives to assuage cognitive dissonance by demonstrating the validity of the new social situation while simultaneously attacking the old belief system.

Inoculation. Inoculation introduces social change through small doses of highly controlled challenges and gives youth an opportunity to test new values and behavior patterns in a controlled environment. TOYC staff inoculate youth in a variety of ways—for example, by normalizing the residential environment and getting the youth to participate in off-campus activities, community service projects, camping trips, role-playing activities, sporting events, and other recreational activities.

The center uses a point system to guide youth through the stages of normative change. This system provides positive reinforcement and establishes graduated phases in which the youth receive additional liberties as they progress from one phase to another. The point system encourages positive behavior by providing TOYC youth with the opportunity to earn special privileges such as home passes, off-campus activities, special recreational opportunities, and salaried employment. The phase system creates challenges designed to promote the mastery of community norms and program tools. These phases include the following:

Initiation. The group process is the foundation of the TOYC community. On arrival, TOYC residents are divided into 4 groups of up to 10 youth and assigned to a treatment team. Each group lives in a separate dormitory, eats together, engages in a work detail as a unit, and participates in (and eventually directs) small group discussions and problem-solving sessions. During initiation,

the youth learn the mission of TOYC, the dynamics of the various group processes, and the expected program outcomes. To move to the next phase, TOYC youth must seek and receive approval by consensus of their peer group. After consensus is reached, the treatment team is convened to test the skills and knowledge acquired by the youth during the orientation period. The team must reach agreement to pass youth to the next phase. The initiation phase lasts at least 28 days, but it may be extended for several weeks.

Phase 1. During phase 1, youth must demonstrate expertise in the group process by being active participants, following all TOYC norms, performing daily maintenance details, and participating in on-campus jobs. To move to Phase 2, TOYC residents must demonstrate consistent and positive behavior in all aspects of the TOYC program, including school attendance, work details, group meetings, meal times, and phone usage. With the consensus of their peers and the treatment support team, youth can apply for advancement. This phase lasts for at least 60 days.

Phase 2. During phase 2, youth must demonstrate proficiency in the group process by educating other group members about it. Phase 2 also requires enrollment in a specialized treatment program such as Alcoholics Anonymous. During Phase 2, youth may periodically leave the center, and they are permitted to visit their homes (a urinalysis test is given upon their return) and to have a part-time job off campus. Finally, Phase 2 prepares youth for release by formulating a community treatment aftercare plan designed to extend the TOYC environment into the community.

Aftercare. After completing Phase 2, youth enter the aftercare component, in which they make the transition from residential living to community living. The goal of the aftercare program is to maintain intensive contact with program youth and to prepare them for living a prosocial life in the community. During this phase, each TOYC youth receives postrelease services from two aftercare workers. Services include assistance in reentering school, vocational counseling, crisis intervention, family counseling, transportation, and mentoring. TOYC staff contact youth at least 12 days per month for 6 months and often accompany them to counseling or Alcoholic Anonymous meetings. Staff also involve parents, school officials, and community organizations in the life of the youth. Finally, TOYC aftercare staff work with probation officers from the Maryland Department of Juvenile Services to provide surveillance and to ensure compliance with court mandates.

An NCCD evaluation of the TOYC program showed promising results (Krisberg, 1992). The evaluation, which used a pretest and posttest design, found that the majority (55 percent) of the first 56 TOYC graduates had no further court referrals in the year following release (11.6 months)—a recidivism rate of 45 percent. The evaluation also revealed a dramatic decline in the number of offenses committed by program participants after their release from TOYC. Compared with 219 offenses committed during the year prior to their placement in TOYC, the same youth were charged with only 51 offenses a year after their release from TOYC—a decline of 77 percent. Finally, the evaluation also showed that youth who committed new crimes after leaving TOYC were likely to commit less serious offenses than those committed prior to placement. Even though no control group was used in the evaluation, these findings are promising. The TOYC recidivism rate (45 percent) compares favorably with a baseline recidivism rate (approximately 50 percent) for untreated serious juvenile offenders (Lipsey, 1999). The treatment is (arguably) responsible for a 5-percent drop in recidivism of high-risk youth. However, this analysis cannot determine if the 5 percent is or is not significant.

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The Bethesda Day Treatment Center

The Bethesda Day Treatment Center in West Milton, PA, is a private, nonprofit corporation that was established in 1983 with OJJDP formula grant funds provided through the Pennsylvania Commission on Crime and Delinquency. The center, which consists of several facilities in 18 Pennsylvania counties, offers an array of intervention options, including treatment foster care, alternative education, group homes, drug and alcohol counseling, and intensive community-based intervention. The center also includes an intensive aftercare component designed to reintegrate youth released from institutional placement. The center serves male and female youth ages 12–17 who are discharged from various institutions and placements. The program receives most of its referrals from court orders based on recommendations from area juvenile courts and other organizations that serve children and youth. Often, youth are discharged from costly residential placement sooner than expected and are returned to their own communities under the center's intensive community-based supervision. The program is funded entirely by the communities, and the state reimburses counties up to 80 percent of the treatment costs for community-based services. On average, youth stay in the program for 6 months, though some stay for as long as 12 months.

After being released from institutional care, Bethesda youth are either placed in day treatment or moved directly to the aftercare portion of the program. The day treatment program begins with a needs assessment interview and a diagnostic evaluation, both of which are conducted by a designated caseworker. The diagnostic evaluation includes individual and family histories, behavioral observation reports, and familial, psychological, educational, and medical assessments. After the evaluation, a treatment plan is formulated and tailored to the specific needs of the youth. At the beginning of treatment, and at the start of each 3-month period thereafter, center staff map a therapeutic direction by defining short-term goals and the appropriate units of service.

To alter the antisocial behavior of the youth in its care, the Bethesda treatment program offers life skills training, career opportunities, and a variety of counseling activities. According to individual needs assessments, the center tailors its treatment plan by applying approximately 7 to 10 different units of service to identified problem areas each week. The center defines a unit of service as a treatment modality (e.g., counseling, social interaction, family intervention) that specifically addresses a youth's needs and problem areas. The units of service are divided into three main categories: client-based, group-based, and family-based. The following are the 19 units of service within these categories:

Client-based services

Intake interviews are used to formulate and apply an appropriate treatment plan.

Casework combines psychological and social needs assessments to build a treatment plan.

Service and treatment planning ensures the integrity of the treatment.

Individual counseling sessions are used to discuss progress in the program, personal problems, feelings, goals, and other areas of need.

Psychological counseling is provided by licensed psychologists to meet the psychological needs of the youth.

Intensive supervision (i.e., direct supervision or intensive services provided by staff) ensures accountability to the treatment schedule and structure.

Study skills improve individual academic performance.

School and jobsite visits monitor youth compliance with authority while in school and at work.

Group-based services

Social interaction develops social skills by encouraging the youth to participate in a group setting where they learn to interact with each other and to adhere to the program structure.

Group counseling builds leadership and decisionmaking, interpersonal adjustment, team-functioning, and coping skills.

Life and job skills training enhances independence and the performance of daily activities.

Games, crafts, art, and music activities teach the youth how to interact socially within an accepted set of norms and behaviors.

Physical activity/training teaches the youth about constructive competition, sportsmanship, individual achievement, sharing, taking turns, group cohesiveness, and following rules.

Outdoor camping experience provides opportunities to win awards, mix with youth from other centers, and build cultural awareness.

Field trips expose offenders to community resources in an effort to stimulate cultural development.

Family-based services

Home visits take clinical operations into the field (at least once a week) to offer a more indepth analysis of the youth in a personal environment.

Family counseling is designed to enhance communication among family members.

Parental counseling places a strong emphasis on the needs of the parent(s), many of whom need encouragement and assistance in dealing with their children.

Family intervention and training services provide programs and training for parents and families to enhance family stability and to increase the family's capacity to function independently.

After youth complete the day treatment program or are released from institutional placement, they enter the aftercare component of the program, which is designed to provide necessary services and supervision and to minimize reentry problems. The aftercare component uses a needs assessment to determine youth's clinical needs. Once those needs are determined, aftercare staff refer youth to the appropriate agencies. Community integration enables the center to use various community resources. For instance, youth may be referred to mental health services, family planning services, or private consultants who offer expertise in areas such as group counseling, life skills, or job skills. The center

also maintains a relationship with several activity sites throughout the community (e.g., nursing homes, state schools, campsites, parks) that provide treatment services for youth. Finally, to ensure attendance at all activities, the center provides transportation services.

The center's aftercare component incorporates these treatment services with an intensive supervision program. (Intensive supervision refers to any direct supervision or intensive services provided by the staff to ensure youth accountability to the treatment structure.) Intensive supervision includes search and rescue, 24-hour crisis intervention, and detention accountability sessions. Accountability sessions, which are designed to provide immediate consequences for negative behavior, typically involve separation from the group and/or additional time in the program.

A preliminary study of the Bethesda program (Howell, 1998) revealed a recidivism rate of only 5 percent in the first year after discharge, a rate that compares favorably with an estimated baseline recidivism rate of 50 percent for untreated serious juvenile offenders (Lipsey, 1999). This finding, although impressive, must be viewed in the context of the study's small sample size ($n = 20$) and lack of a control group. Nevertheless, evidence does suggest that the Bethesda Day Treatment Center is a promising aftercare program for delinquent youth.

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Florida Environmental Institute

The Florida Environmental Institute (FEI), also known as the Last Chance Ranch, is a residential and aftercare facility located in the Florida Everglades. The FEI facility contains no locks, bars, or cells, but it is completely surrounded by forests and swamps and maintains a low student-to-staff ratio to provide security. FEI serves males ages 15–18 who have a history of serious delinquent behavior (an average of 18 delinquent offenses and 11.5 felonies), including crimes against persons and property and drug offenses. FEI has the capacity to house 22 juveniles in its residential facility, and it can monitor up to 22 additional youth in aftercare. On average, youth participate in the program for 18 months, with a residential stay of at least 9 months, after which they return to the community in the aftercare program. FEI is operated by the Associated Marine Institutes, a network of 51 affiliated residential and nonresidential programs in 7 states (Florida, Georgia, Louisiana, New Mexico, South Carolina, Texas, and Virginia) and the Cayman Islands. The primary source of funding for FEI is the Florida Department of Juvenile Justice.

The theoretical model of the FEI program seeks to reduce recidivism by focusing on educational and vocational skills. Structurally, the program consists of three graduated phases (each with several levels), through which participants progress until they are released from the program. The three phases of the FEI program are graduated according to the degree of restriction. The phases range from a highly supervised rural setting in phase I to a nonresidential locale in phase III. Youth progress through the phases by earning points for positive behavior under a strict behavior management regimen. The point system provides a constant reminder that good behavior will be rewarded. Each

youth earns roughly ½ or 1½ point cards per week and must earn 12 cards to complete each of the levels. Rule infractions may hinder the ability to earn points. To monitor their progress, youth are ranked five times per day in seven behavior areas: (1) being on time, (2) appearance, (3) attitude, (4) leadership, (5) participation, (6) enthusiasm, and (7) manners.

The program begins with a tough 3-day orientation known as O Camp. During O Camp, staff members initiate an assessment and outline the program's rules, philosophy, and expectations. During this orientation, caseworkers establish a treatment plan, assign work projects, and initiate a bonding process. If the offender resists the rules, the orientation may be extended by a day or two. After completing O Camp, the youth move into phase I and progress through each of the phases, as described below.

Phase I. The goal of phase I is to provide 24-hour-a-day residential care using constructive punishment in a demanding environmental setting (i.e., a primitive camp site surrounded by forests and swampland). This phase stresses academic education and physical labor to reduce recidivism. During this phase, youth receive individualized academic education, participate in labor-intensive projects such as forestry work, perform camp duties, care for farm animals and crops, and clean and repair ranch facilities. Phase I is characterized by a low student-to-staff ratio and austere living conditions. This phase generally lasts 6 months, and participants must progress through the "Tenderfoot," "Ranch Hand," and "Buckaroo" levels.

Phase II. The goal of phase II is to demonstrate that positive behavior yields tangible rewards. At the start of phase II, youth are relocated to more comfortable living conditions. They are required to continue their academic and ranch work, but phase II activities include community service and environmental projects that offer youth money, which they use to pay restitution for their crimes. Near the end of this phase, participants can earn the privilege to return home with a staff member to begin to find work, rebuild family relationships, and arrange aftercare services. This phase lasts about 6 months.

Phase III. The goal of phase III is to transfer youth safely back into the community. During the month before they leave the ranch, youth work closely with counselors to develop aftercare plans. After their release, youth are placed under a strict curfew and receive at least four contacts per week from an FEI community coordinator and frequent calls from the case manager. In addition, coordinators actively help youth return to school, find employment, and secure services or benefits. This support system continues for 6 months, when the youth graduate from the program. If, during this time, youth engage in criminal activity, they can be returned to the residential part of the program. Contact with youth is maintained for 3 years after their release.

Several assessments of the FEI program have produced positive (but limited) results suggesting that the FEI aftercare model successfully reduces recidivism among juvenile offenders. The first study (Weaver, 1989), which involved a 3-year followup of 21 FEI graduates, found that only one-third of the FEI sample was convicted of new crimes during the 3-year period. However, because no control group was used in the study, assessing the program's effectiveness is difficult. Nonetheless, FEI graduates perform favorably when compared with youth released from traditional training schools, who have much higher recidivism rates (50 to 70 percent).

Another assessment of the FEI model, the 1992 Florida Department of Health and Rehabilitative Services (DHRS) study of recidivism, compared the outcomes of seven residential programs, including the FEI program, for high-risk offenders. The study revealed impressive results: only 36 percent of FEI participants were referred to the juvenile court after release (compared with 47–73

percent from the other six programs). Moreover, none of the 11 FEI youth were readjudicated or recommitted to DHRS during the followup period. Readjudication rates in the other facilities ranged from 20 to 50 percent (Howell, 1998). More recently, a similar study conducted by the Florida Department of Juvenile Justice found comparable results. This study found that between 1997 and 2000, only 9 of 57 serious juvenile offenders (16 percent) released from FEI were found guilty of new offenses during the first 12 months after program completion (compared with an average rate of subsequent convictions of more than 40 percent for all Florida institutions serving juvenile offenders) (Mendel, 2001).

In summary, analyses indicate that FEI holds great promise as a juvenile aftercare program model for serious and chronic juvenile offenders. It is important, however, to interpret both of the Florida studies cautiously, considering that (1) none of the programs was specifically designated as a control group for any of the others, (2) the FEI sample in each study was small, and (3) the results were based only on returns to the juvenile justice system. Other outcome indicators could include the incidence and frequency of waivers to the criminal justice system, the incidence and frequency of reoffending before and after intervention, and the severity of crimes committed before and after intervention. Nevertheless, the results from each assessment suggest that FEI is a promising aftercare model.

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Project CRAFT

Project CRAFT (Community Restitution and Apprenticeship Focused Training) is a Home Builders Institute (HBI)[9] initiative offering comprehensive treatment, prerelease, and aftercare services to juvenile offenders. Project CRAFT can be used for prevention or intervention and as an alternative to incarceration. Designed to promote the employment of economically disadvantaged out-of-school and incarcerated youth ages 16–21 by providing industry-validated training in home building skills, Project CRAFT can be implemented in residential juvenile correctional facilities or as a community-based program for youth in aftercare or under day treatment supervision. Through funding from the U.S. Department of Labor, Project CRAFT was originally implemented in three locations nationwide: Sabillasville, MD; Bismarck, ND; and Nashville, TN. Currently, the program is being replicated in nine other sites in Colorado, Florida, and Ohio.

By partnering with private juvenile and correctional facilities, juvenile judges, juvenile justice system personnel, education agencies, community-based organizations, and other human services agencies, Project CRAFT helps program youth successfully return to the community. Youth are directly referred to the program by juvenile judges and probation officers. The program focuses on skills achievement, and students must master several building-related skills that are evaluated weekly by Project CRAFT instructors.

[9] The Home Builders Institute is the workforce development arm of the National Association of Home Builders.

Prior to the training period, youth enter a 2-week assessment stage to evaluate their motivation and interest in the construction industry. After youth are accepted into the program, Project CRAFT uses 10 distinct components to create a holistic approach to treatment that combines career training, support services (e.g., employability training, social skills training, case management), and community service activities sponsored by the construction industry. The following are the 10 program components:

Outreach and recruitment. A three-pronged approach includes (1) orientations for program partners; (2) orientations for prospective participants, parents, and offender advocates; and (3) community meetings.

Assessment and screening. The assessment and screening process includes level-one screening by justice system personnel and level-two screening by project staff and prospective employers. An 80-hour situational assessment phase was incorporated into the initial stages of training for those meeting the selection criteria.

Individualized planning. Program partners are involved in a dynamic process that includes the development of project-specific action plans to complement treatment and aftercare plans.

Case management. This component is provided by contractual arrangements with local social services providers (from program entry through the end of the project period) and includes the counseling and support services required for youth to participate successfully in the program and to make the transition back into the community.

Training program. PACT (Preapprenticeship Certificate Training) is an industry-validated, trades-related program that specifies industry skills standards as documented in the Student Achievement Record.

Trade-related academics. This integrated program uses HBI's CraftMath and CommuniCraft curriculums.

Trade-related community service. Youth perform restitution by participating in construction projects that teach trade competencies, build esteem and leadership skills, and enhance community reintegration.

Academic preparation and substance abuse treatment. Youth are enrolled in both, as indicated by their assessment.

Employability and life skills training. Youth receive training in conjunction with trades-related instruction.

Community transition and followup services. These services include job development, job placement, cooperation with corrections personnel and employers, and coordination with aftercare service providers (e.g., education, chemical dependency, housing, family, financial assistance, and other community service providers).

After graduating from the program, participants are placed in industry-related jobs and receive long-term aftercare services that link treatment with community safety. The treatment services focus on connecting youth with continuing education, counseling, substance abuse treatment, housing services, and employment and re-employment assistance. Community safety is addressed by working in coordination with parole officers, probation officers, and juvenile justice case managers to provide a variety of community surveillance alternatives. The range of alternatives accounts for offenders with varying risk levels and includes community-based work, facility-based community service projects, and traditional probation and parole options.

Resource Development Group, Inc., independently evaluated Project CRAFT during a 4-year period. The evaluation, which was designed to produce descriptive, qualitative, quantitative, and comparative data on project interventions, examined four program dimensions: implementation, process, outcome, and aftercare. The evaluation found that HBI operated an extremely effective demonstration project that included a 3-month startup period, a 3-year implementation period, and a 9-month period of followup and aftercare services (Resource Development Group, 1999). The project was characterized by high-quality vocational skills training, case management, placement, and aftercare services generated through partnerships with private juvenile and correctional facilities, juvenile judges, juvenile justice system personnel, parole and probation officers, sheriff's departments, and other public safety agencies. Specifically, the evaluation found the following:

A low rate of recidivism for Project CRAFT graduates. Of the 149 participants in the 3 national demonstration sites, 39 youth (26 percent) were convicted of new crimes after training completion, release, or placement. This percentage compares favorably with the baseline recidivism rate for untreated serious juvenile offenders, which is estimated to be 50 percent (Lipsey, 1999). Moreover, of the 39 participants who recidivated, 23 (59 percent) recidivated within the first year of release.

An improvement in program performance over time. Year 1 participants sustained the highest recidivism rates, followed by year 2 and year 3 participants, respectively. The recidivism rate for year 1 was 15 percent. The percentage declined to 10 percent for year 2 and 1 percent for year 3.

In summary, Project CRAFT is a promising juvenile aftercare program. It works well with a range of juvenile and adult correctional systems, including those operated by private organizations under contracts with state and local governments, state and local government-operated facilities, and community correctional systems.

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GROWTH

GROWTH is a community-based, gender-specific program that incorporates an intensive aftercare component for high-risk female offenders returning to the community. Located in Mobile County (AL) and operated by the Boys & Girls Clubs of South Alabama, Inc., GROWTH is the first gender-specific treatment option for female offenders in the State of Alabama. The program uses the intensive aftercare services of the Network Aftercare System (NAS) in its reintegration component. NAS (an ongoing adaptation of Altschuler and Armstrong's IAP model) is a 24-month demonstration project funded by OJJDP through a direct congressional appropriation to the Boys & Girls Clubs of South Alabama. NAS is the first implementation of the original IAP model with female participants.

The GROWTH program is designed for female offenders ages 13–17 and their families. The program seeks to help female offenders successfully return to the community. By providing both evidence-based interventions and "best practice" models within a female-specific framework, the program also seeks to promote healthy adolescent development. Participants benefit from a continuous relationship with staff personnel. Aftercare counselors are assigned at intake, and they initiate relationships that are fortified during phases I and II and continue after participants return to the community (phase III).

Female offenders sentenced by the juvenile court to GROWTH enter one of three treatment options, depending on the type of petition and petition history. Treatment options include residential treatment, intensive day treatment, and Safe Start, an intensive day treatment program for teenage mothers and their infants. Serious or chronic offenders are referred to the residential placement option; less serious offenders are referred to intensive day treatment. Offenders in both categories are typically victims of sexual and physical abuse and neglect, and a large number of them are also pregnant and have a DSM–IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) psychiatric diagnosis. A smaller number of offenders suffer from eating disorders.

All three treatment options include core programming and individualized treatment modalities. The core programming modalities include female-specific life skills, adventure therapy, community service, academic education, Functional Family Therapy, and up to 1 year of reintegrative aftercare when the offenders move out of treatment and return home and to the community. Individual treatment modalities include individual and group therapy, a trauma recovery group for survivors of sexual abuse, gender-sensitive treatment groups for substance abuse, mentoring, vocational education, job placement, and linkages to the Mobile County Health Department's Healthy Start Family Support program for parenting teen mothers. Additional services within the residential treatment option are offered by community partner agencies and can continue after offenders are released from confinement. Such services include substance abuse treatment, mental health services, mentoring, and vocational training and placement.

In all three treatment options, the GROWTH program is phase-based. All participants begin at phase I and progress through phase III according to successful program completion. Participants who successfully complete a minimum of 18 weeks of intensive treatment (phases I–II) (either residential care or day treatment) are placed in the reintegrative aftercare program (phase III) for a minimum of 6 months and a maximum of 1 year. The content of each phase is as follows:

Phase I: Facility/intensive treatment. Phase I involves an assessment to determine an individualized treatment plan, the implementation of the 18-week core program, and specialized therapeutic services. These activities are carried out with an emphasis on female-sensitive, developmentally appropriate approaches. The assessment instruments used include Youth Level of Service and Case Management (YLSI), Problem Oriented Screening Instrument for Teenagers (POSIT), Functional Assessment Measure (FAM–3), Outcome Questionnaire, Youth Outcome Questionnaire, Trauma Symptom Child Checklist, and Childhood Trauma Questionnaire.

Phase II: Transition. Phase II seeks to enhance offenders' reintegration into the community through a series of stepdown activities that begin prior to release from confinement or intensive day treatment and continue during the high-risk 30–60 days after release. The program achieves this goal by providing an individualized treatment plan that includes (1) in-home Functional Family Therapy through GROWTH's Project FLEX (Families Learning through Experience), (2) a series of stepdown activities held on and off the residential campus, (3) one-on-one supervision and monitoring of individual reentry progress, and (4) the continuation and development of community-based services.

Phase III: Community reentry (aftercare). Phase III seeks to help offenders successfully negotiate community reentry by identifying and connecting them with formal and informal sources of community support. GROWTH participants are matched with an appropriate level of required supervision, monitoring, and support, which decreases as they progress through the program's phases. The appropriate levels of supervision and contact are determined through readministration of the assessment instruments during the two or three "decompression" stages of phase III. Supervision and monitoring are provided by the aftercare counselors in a very hands-on fashion. Supervision activities include weekly empowerment meetings facilitated by aftercare counselors, who also contact offenders in diverse locations (e.g., school, home, job). In addition, graduated consequences and incentives are coordinated in team meetings with aftercare counselors, aftercare case managers, and probation officers to respond to compliant and noncompliant behavior through values-based activities, services, or items. Finally, aftercare staff work to connect GROWTH participants with formal and informal family, neighborhood, and community support by identifying, recruiting, and motivating social networks within the community. Examples include volunteer mentors, with a special focus on the faith-based community; special teen pilot programs in neighborhood Boys & Girls Clubs; and paid work experiences.

The University of South Alabama's Department of Criminal Justice and Sociology began a process evaluation of the entire NAS (including phase I of GROWTH) in June 2001. In spring 2002, the team will undertake a long-term outcome evaluation of GROWTH and NAS. The outcome evaluation will follow offenders for 1 year after their completion of the aftercare program and will measure several outcomes, including recidivism, first time pregnancy for girls 15 and younger, and second time pregnancy for girls 16 and older.

In the meantime, however, preliminary data from the GROWTH 2001 fourth-quarter report indicate excellent progress in reducing recidivism and pregnancy rates and increasing the educational/ employment successes of GROWTH participants. Of the 34 girls and families actively involved in aftercare during 2001, 100 percent had not committed a new offense, 97 percent had not become pregnant, and 100 percent were in school, working, or working toward or had completed their GED.

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Comparison of Six Promising Aftercare Programs

The programs reviewed in this Bulletin provide examples of several comprehensive aftercare programs that prepare juveniles for reentry into the community. Although these programs vary in origin, design, and approach, all share certain formal characteristics. In fact, the designs of the six promising aftercare programs are strikingly similar. Table 2 provides evidence of this symmetry across several program characteristics.

Table 2: Comparison of Six Promising Aftercare Programs

	Intensive Aftercare Program	Thomas O'Farrell Youth Center	Bethesda Day Treatment Center	Florida Environmental Institute	Project CRAFT	GROWTH
General Program Information						
Location	Colorado/ Nevada/ Virginia	Maryland	Pennsylvania	Florida	Florida/ Maryland/ North Dakota/ Tennessee	Alabama
Funding	IAP grant, state funds	Maryland Department of Juvenile Services	Formula grant, private (nonprofit)	Florida Department of Juvenile Justice	CRAFT grant, state funds	Boys & Girls Clubs of South Alabama
Gender	Male	Male	Male/Female	Male	Male/Female	Female
Age	12–18	13–18	10–18	15–18	16–21	13–17
Risk of recidivism	High	High	High	High	High	High
Average length of program	*Colorado:* 10 months' incarceration, 8 months' aftercare *Nevada:* 8 months' incarceration, 8 months' aftercare *Virginia:* 7 months' incarceration, 6 months' aftercare	8 months' incarceration, 9 months' aftercare	6–12 months	9 months' incarceration, 9 months' aftercare	2–12 months	18 weeks' intensive treatment (residential or day treatment), minimum of 6 months' aftercare
Program Characteristics						
Facilitates transitional structure	Yes	Yes	Yes	Yes	Yes	Yes
Uses assessment and classification	Yes	Yes	Yes	No	Yes	Yes
Develops individualized case planning	Yes	No	Yes	Yes	Yes	Yes
Uses rewards and sanctions	Yes	Yes	Yes	Yes	No	Yes
Links to community treatment services	Yes	Yes	Yes	Yes	Yes	Yes

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	Intensive Aftercare Program	Thomas O'Farrell Youth Center	Bethesda Day Treatment Center	Florida Environmental Institute	Project CRAFT	GROWTH
Combines intensive supervision and treatment	Yes	Yes	Yes	Yes	Yes	Yes
Types of Services and Supervision Options After Release						
Treatment services	• Education • Employment • Vocational training • Mental health counseling • Life skills training • Drug/alcohol treatment	• Education • Vocational counseling • Crisis intervention • Mentoring • Family services • Transportation	• Individual, group, and family counseling • Drug/alcohol treatment • Education • Life skills development	• Education • Employment • Vocational skills • Family assistance	• Employment • Drug/alcohol treatment • Housing services • Family services • Vocational training • Financial assistance	• Female-specific life skills • Community service • Education • Functional Family Therapy • Adventure therapy • Trauma recovery • Substance abuse • Parenting teen
Supervision options	• Staff contact (1–5/week) • Curfew • Urinalysis • House arrest • Electronic monitoring • Paging • Monthly court review • Day treatment (NV) • Furlough (NV) • Group home (VA)	• Staff contact (12/month) • Coordination with probation staff • Surveillance	• Intensive supervision program • Search and rescue • 24-hour crisis hotline • Treatment detention accountability	• Staff contact (4/week) • Curfew • Required job attendance • Frequent calls	• Coordination with parole and probation officers • Community work service • Traditional probation and parole	• Staff contact (weekly empowerment meetings)

Focus on high-risk youth. Most of the aftercare programs described in this Bulletin focus on high-risk male youth ages 10–18. GROWTH targets high-risk female youth ages 13–17, and the Bethesda Day Treatment Center and Project CRAFT accept both male and female participants.

A means to facilitate transition. Although the methods for doing so differ, each program facilitates offenders' transition from the institution to the community. For example, the GROWTH program uses a series of stepdown activities that begin prior to release from confinement or intensive day treatment and continue during the high-risk 30–60 days after release. Other mechanisms used to modulate community reentry include early parole planning, routine institutional visits by aftercare case managers, and other stepdown structures and procedures.

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Use of assessment and classification instruments. With the exception of TOYC, each program uses an assessment and classification system to pinpoint appropriate program participants and to identify their needs. The IAP project in Denver, for instance, uses a standard battery of educational and psychological assessment instruments to develop individualized case plans. The Bethesda Day Treatment Center initiates its program with a needs assessment interview and a treatment evaluation. Project CRAFT requires youth to enter a 2-week assessment stage before the training period to evaluate their motivation and interest in the construction industry.

Individualized case planning. Five of the six programs (the exception is TOYC) use an individualized case planning system to provide appropriate treatment options. For example, the FEI program requires case managers to meet during the initiation phase to establish an individualized treatment plan and assign specific work projects. The Bethesda Day Treatment Center formulates and tailors treatment plans to the specific needs of each youth. At the beginning of treatment and at the beginning of each 3-month period thereafter, the center staff chart a therapeutic direction through the use of short-term goals and the appropriate units of service.

Use of rewards and sanctions. Five of the six programs (the exception is Project CRAFT) employ a system of rewards and sanctions to punish inappropriate behavior and to encourage positive behavior. For instance, the FEI program consists of three graduated phases based on restrictiveness, and progression through the phases is guided by points earned for positive behavior. The TOYC program also uses a point system to provide positive reinforcement. TOYC youth have the opportunity to earn special privileges such as home passes, off-campus activities, special recreational opportunities, and salaried employment. The IAP models offer another example of a rewards and sanctions system. Both the Nevada and Virginia IAP models use rather elaborate systems that involve classifying various behaviors or infractions into multiple tiers and specifying the types of rewards and sanctions that are considered appropriate to each tier.

Links to community treatment services. All of the aftercare programs provide links to community treatment services. The cornerstone of Project CRAFT is its partnership with private juvenile corrections facilities, juvenile judges, juvenile justice system personnel, education agencies, community-based organizations, and other human services agencies. The community link component is also vital to the Bethesda Day Treatment Center and TOYC. The Bethesda Day Treatment Center connects youth to virtually every local agency that serves youth interests. The TOYC aftercare program provides each youth with an individual aftercare worker who links him to a variety of community resources to ensure a continuity of services. GROWTH aftercare staff also work to connect program participants to formal and informal family, neighborhood, and community support, eventually decreasing structured aftercare supervision.

Combination of intensive supervision and treatment. Providing a mix of supervision options is another hallmark of each aftercare system. For example, the IAP model creates a wide-ranging and balanced mix of interventions designed to control offender risk and to address offender needs. The IAP projects in Colorado, Nevada, and Virginia all provide enhanced, IAP-specific programming during the institutional and aftercare phases and create a blend of control and treatment strategies during aftercare. The FEI program also provides an excellent mix of supervision and treatment services. After release from the Last Chance Ranch, youth receive at least four contacts per week from an FEI community coordinator and frequent calls from their case managers, and they must adhere to a strict curfew. In addition, FEI coordinators actively help youth gain admission to school or employment and help them secure services or benefits. This support system continues for 6 months, until the youth graduate from the program.

Summary

Aftercare is a promising program concept designed to minimize recidivism among youth released from out-of-home placement. A review of the research and an analysis of current aftercare programs in the field reveal that comprehensive aftercare models integrate intervention and community restraint measures. These programs combine strategies to change individual behavior with surveillance mechanisms to protect the community from further harm. Moreover, the symmetry found in the characteristics of these programs provides practitioners with a blueprint for an aftercare program that can effectively help youth return from institutions to the community. The analysis does not suggest that these are the only valid aftercare strategies, but it does offer practitioners a resource with which to strategically construct effective aftercare designs.

Resource Organizations

American Correctional Association

The American Correctional Association is a multidisciplinary organization of professionals representing all facets of corrections and criminal justice, including federal, state, and military correctional facilities and prisons, county jails and detention centers, probation and parole agencies, and community corrections and halfway houses.

For additional information, contact:

American Correctional Association
4380 Forbes Boulevard
Lanham, MD 20706
301–918–1800
800–222–5646 (toll free)
www.aca.org

American Probation and Parole Association

The American Probation and Parole Association has developed several resources to help jurisdictions respond to the needs and concerns of victims when offenders return to the community.

For additional information, contact:

American Probation and Parole Association
P.O. Box 11910
Lexington, KY 40578
859–244–8203
859–244–8001 (fax)
www.appa-net.org

Juvenile Reintegration and Aftercare Center

The Juvenile Reintegration and Aftercare Center promotes best practices in juvenile transition and community aftercare services, provides training and technical assistance to state and local juvenile justice organizations and service providers, conducts and reviews ongoing research, and creates links with other juvenile justice technical assistance and program providers to share information and resources.

For additional information, contact:

Randy S. Thomas, Technical Assistance Coordinator
Juvenile Reintegration and Aftercare Center
859–264–8796
859–264–9957 (fax)
randysthomas@yahoo.com

National Center on Education, Disability and Juvenile Justice

The National Center on Education, Disability and Juvenile Justice offers transition planning services to help localities develop specific strategies for reintegrating juvenile offenders from secure confinement into the community. These transitional services help youth achieve social adjustment, employment, and educational success after incarceration.

For additional information, contact:

The National Center on Education, Disability and Juvenile Justice
University of Maryland
1224 Benjamin Building
College Park, MD 20742
301–405–6462
301–314–5757 (fax)
edjj@umail.umd.edu
www.edjj.org/education.html

National Institute of Corrections

The National Institute of Corrections offers Critical Elements of Successful Aftercare Services training to three- to five-person community teams. In this 36-hour program, participants use an interactive, experiential format to explore principles, elements, and strategies for implementing successful aftercare services for juveniles. Using a six-stage model of aftercare as an example, participants learn how to help juvenile offenders successfully transition from institutional settings to the community.

For additional information, contact:

Leslie LeMaster
National Institute of Corrections
320 First Street NW.
Washington, DC 20534
800–995–6429, ext. 121
llemaster@bop.gov
www.nicic.org

Assessment Instruments

Assessment instruments are actuarial tools based on empirical research designed to create greater accuracy and structure in decisionmaking. Risk assessment instruments help juvenile justice agencies make better decisions about case service and custody, whereas needs assessments help develop focused case plans to address specific delinquent behavior. Identified below are three jurisdictions that have developed validated risk and needs assessment instruments designed specifically for aftercare

populations. It should be noted that although these instruments may be applied to broader populations, each was developed specifically for the target population in that particular locality.

Arizona Department of Juvenile Corrections (Risk and Needs).

Virginia Department of Juvenile Justice (Risk).

Indiana Department of Corrections—Juvenile Division (Risk).

For additional information on the instruments developed by these jurisdictions, contact:

Dennis Wagner
National Council on Crime and Delinquency
426b South Yellowstone Drive, Suite 250
Madison, WI 53719
608–831–8882
608–831–6446 (fax)

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